

CLAIMS STANDARDIZED DATA REQUEST
Property & Casualty Line of Business
Inland Marine

Contents: This file should be downloaded from company system(s) and contain one record for each claim transaction (i.e. paid/denied/pending/closed w/o payment) that the company processed within the scope of the examination. Include all claims open during the examination period. Do not include expense payments to vendors.

Uses: Data will be used to determine if the company follows appropriate procedures with respect to the handling of inland marine claims within the scope of the examination.

- Cross-reference to annual statement claims data (amount) to ensure completeness of exam data submitted; and
- Cross-reference to state (s) licensing information to ensure proper adjuster licensure.

Field Name	Start	Length	Type	Decimals	Description
CoCode	1	5	A		NAIC company code
PolPre	6	3	A		Policy prefix (Blank if NONE)
PolNo	9	20	A		Policy number
PolSuf	29	3	A		Policy suffix (Blank if NONE)
ComPrs	32	1	A		Identify if commercial or personal policy C=Commercial or P=Personal
ClmNo	33	15	A		Claim number
ClmPre	48	3	A		Claim number prefix (Blank if NONE)
ClmSuf	51	3	A		Claim number suffix (Blank if NONE)
RiskTyp	54	15	A		Type of risk covered Please provide a list to explain any codes used
RTCovLmt	69	11	N	2	Risk type coverage limit (By type of risk covered)
CATCode	80	6	A		Catastrophe (CAT) loss code, if applicable (Blank if NONE)
COL	86	20	A		Cause of loss (water, hail, theft, fire, etc.)
DedTyp	106	10	A		Deductible type (By policy or risk type) If codes are used, provide a list of codes along with their meanings
DedAmt	116	11	N	2	Deductible amount (Dollar amount or percentage amount)
InsFirst	127	15	A		First name of first named insured
InsMid	142	15	A		Middle name of first named insured
InsLast	157	20	A		Last name of first named insured or business name
InsAddr	177	64	A		Insured street address) (location)
InsCity	241	20	A		Insured city (location)
InsSt	261	2	A		Insured resident state (location)
InsZip	263	5	A		Insured ZIP code (location)

Field Name	Start	Length	Type	Decimals	Description
ClmStat	268	10	A		Claim status P = Paid, D = Denied, N = Pending, H = Partial Payment, C = Closed Without Payment, R = Rescinded
AdjCode	269	10	A		Internal adjuster identification code Please provide a list to explain any codes used
NPN	279	6	A		National (adjuster) number
LossDt	285	10	D		Date loss occurred [MM/DD/YYYY]
RcvdDt	295	10	D		First notice of loss [MM/DD/YYYY]
ClmAckDt	305	10	D		Date company or its producer acknowledged the claim [MM/DD/YYYY]
DtClmFrm	315	10	D		Date claim forms sent to insured [MM/DD/YYYY]
AppDt	325	10	D		Date of company appraisal
NtcInvDt	335	10	D		Date of written notice to insured regarding incomplete investigation [MM/DD/YYYY]
DepTkn	345	1	A		Was depreciation taken? (Y/N)
DepAmt	346	11	N	2	Amount of recoverable depreciation taken
DepPdAmt	357	11	N	2	Amount of recoverable depreciation paid
DepPdDt	368	10	D		Date recoverable depreciation paid [MM/DD/YYYY]
PdClmAmt	378	11	N	2	Total amount of claim paid
ClmPay	389	50	A		Claim payee
ClmPdDt	439	10	D		Claim paid date [MM/DD/YYYY]
IntPdAmt	449	11	N	2	Amount of interest paid, if applicable
IntPdDt	460	10	D		Date interest paid [MM/DD/YYYY]
ClmDnyDt	470	10	D		Date claim was denied [MM/DD/YYYY]
ClmDenRsn	480	64	A		Reason for claim denial Please provide a list to explain any codes used
Subro	544	1	A		Indicate whether claim was subrogated (Y/N)
SubRecdDt	545	10	D		Date company received subrogation refund [MM/DD/YYYY]
SubAmt	555	11	N	2	Subrogation received amount
AmtDedRm	566	11	N	2	Amount of deductible reimbursed to insured
SubRefDt	577	10	D		Date deductible refunded to insured [MM/DD/YYYY]
EndRec	587	1	A		End of record marker. Please place an asterisk in this field to indicate the end of the record. This must be in the same character position for every record in this table.

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